Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Duffcarrig
Name of provider:	Camphill Communities of Ireland
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	19 February 2020
Centre ID:	OSV-0003610
Fieldwork ID:	MON-0028233

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Camphill Community Duffcarrig consists of seven residential units located in a rural community setting, that can offer a home for a maximum of 25 residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the seven units that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff members and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 February 2020	08:45hrs to 18:30hrs	Tanya Brady	Lead
Wednesday 19 February 2020	08:45hrs to 18:30hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

The inspectors had the opportunity between them to visit all units that make up this designated centre over the course of the day. They met and engaged with 13 residents. Residents in all houses were welcoming and some reported being very happy that the inspectors were visiting.

In one unit a resident made an inspector a cup of tea and spoke of their family and visits to a nearby town they had had during the week. They explained they could not spend long at tea as they had an appointment for a massage. Another resident who had been out for a walk returned an item belonging to a peer that they had found in the garden and commented to the inspector that it was sopping wet cause it had been out all night and was pleased they had found it for them.

A number of residents over the course of the day were seen to enter the staff office or office buildings to chat with staff or to join with others in a cup of tea. Others were observed visiting and entering other houses on site either for prearranged activities such as lunch or to collect or drop something off.

In one unit early in the morning the staff noted that residents were relaxed getting up as it was a wet and cold day. They were seen to be supported in getting whatever they wished for breakfast and spoke to staff about plans for the day. A resident came to meet one of the inspectors during the day and used a manual signing system for communication, they were seen to tell the person in charge that they had the much longer beard, and explained to the inspector that their hair also used to be long.

One resident showed an inspector their bedroom and spoke positively of the staff who support them. This resident indicated that they knew what to do the event of a fire alarm going off and were seen to sit with staff members and volunteers for a cup a cup of tea while the inspector was present. Two other residents who lived in this unit were also met. While one of these residents did not engage with the inspector, the other greeted the inspector and appeared very relaxed.

In some units visited residents were see to be involved in meal times. For example, in one unit a resident was seen to be peeling carrots and appeared very happy with this. In another unit, all residents living there were seen to return to the unit for lunch which they had with staff and volunteers. A sociable atmosphere was observed during this time and throughout the inspection it was seen that staff members and volunteers provided appropriate support to residents were required. It was also observed that residents were asked what they wanted to do during the day and some residents were seen to attend workshops run by the provider on the grounds of the designated centre.

Capacity and capability

This designated centre was last inspected by HIQA in August 2019 where improvements in levels of compliance were found to be required. At this inspection, however, improvement had been achieved in a number of areas, such as, ensuring provider unannounced visits took place every six months and also ensuring that the use of agency staff members was reduced thus promoting continuity of care and support for residents. In contrast, other areas such as, support and supervision of staff and management of medication continue to require improvement.

At the time of the current inspection, the centre was registered to provide a full-time residential service for a maximum of 25 residents until July 2021. The purpose of the current inspection was as part of continued focus on the area of oversight and management and the ongoing monitoring of compliance against the regulations. It was seen that the provider was making efforts to support residents' needs in keeping with the overall ethos of the designated centre. During the course of this inspection, the inspectors visited all of the seven units which comprised this centre and met with residents and staff in each.

Since the last inspection the provider had appointed a new person in charge to the centre. Over the course of the inspection a number of staff and residents spoke warmly about their interactions with the person in charge and there was evidence that they were present in all units on a regular basis. The person in charge had met inspectors formally prior to starting in the centre and it was clear that they had already achieved a number of targets that had been set during this engagement. There was evidence of some overall oversight of the designated centre with the person in charge having introduced a number of new systems for auditing and record keeping. Some of these had begun but more were still to be implemented. Evidence was seen of schedules in place for the upcoming year for team meetings and the person in charge had begun weekly meetings with the coordinators in each of the units.

A regional manager was appointed to support the running of this centre and was present on the day of inspection. A number of staff had reported to the inspectors that they did not currently feel adequately supported to raise concerns they may have, in particular related to resident care and support. The regional manager and person in charge were aware of these concerns, and had identified staff engagement as a priority action. It was also seen that, since the previous inspection, the provider had ensured that two unannounced visits were carried out. These are required by the regulations to be conducted every six months as review of the quality and safety of care and support provided to residents. The reports from these visits were reviewed by inspectors. It was noted that these visits were focused on a range of areas impacting residents and action plans were put in place to respond to any issues identified. The most recent report had identified seventeen actions and the regional manager and person in charge were devising a schedule to prioritise and work on these. The provider was also aware of the requirement to

carry out annual reviews however had not conduced such a review for 2019 at the time of this inspection and was over 12 months since the previous annual review had been completed.

The provider had in place a workforce which comprised of a combination of paid members of staff and live in volunteers in line with their model of care. Inspectors noted that changes to the staff rosters had been introduced in the centre by the person in charge since the last inspection. Having spoken to staff and volunteers,it was seen that the person in charge had arranged meetings with each of the houses with regard to implementing changes. Inspectors reviewed these rosters and noted that they reflected the staffing levels on the day, however they contained insufficient details on staff identification. It was also apparent from the rosters that the use of agency staff had significantly reduced over the preceding couple of months.

Inspectors noted that staff and volunteers had not been in receipt of support and supervision to support them in providing care and support to residents living in the centre. In some instances staff had been without formal supervision in a year which was not in line with the providers own policy. From a review of a sample of personnel files the inspectors found that while recruitment procedures were satisfactory not all of the required documents and checks had been completed.

Regulation 14: Persons in charge

The provider had appointed a person in charge on a full time basis for this centre. They had engaged formally with the office of the chief inspector of social services in advance of commencing their role and it was clear that they had already achieved a number of targets that had been self identified during this engagement.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had demonstrated improved continuity of care and support provided to residents through the reduction in use of agency staff. The inspectors viewed a new rota that was in place however they contained insufficient detail of staff identification. Review of staff files showed that all information and documentation as specified in Schedule 2 was not in place for all staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The last inspection of this centre had highlighted a requirement for regular formal support and supervision for staff and inspectors noted that this was still not consistently in place.

Judgment: Not compliant

Regulation 23: Governance and management

A clear governance structure was in place which was known to residents, staff and volunteers in the centre. A new system of audits had recently been introduced in key areas such as health and safety and incidents and accidents. Since the previous inspection six monthly unannounced visits had been conducted at the required intervals. Reports of such visits were maintained in the centre which included an action plan to address any issues found. An annual review of the quality and safety of care and support in the centre had not however been completed within the required time frames. Additional supports were required to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Judgment: Substantially compliant

Quality and safety

A social atmosphere was observed throughout this inspection and residents met by inspectors appeared content and happy. Some improvement was required though in relation to safeguarding and medicines practices.

Inspectors had an opportunity to visit all units which made up this designated centre. While some of these visits were relatively brief, the inspectors were able to observe residents in their environments and in their interactions with staff members and volunteers. A social atmosphere was observed throughout and residents were seen to be relaxed and content in their environments. It was seen that in one unit, residents, staff and volunteers had a meal together which was noted to be a sociable event. Residents who spoke with inspectors indicated that they were happy living in the centre. Overall, it was seen that residents were treated in a positive and respectful way. It was observed though that one member of staff entered a unit where they were not directly working without using the doorbell or knocking first. This potentially impacted residents' right to privacy.

The previous inspection found that the particular needs of the residents living in one unit meant that negative interactions between some residents were likely. In response to this the provider had reduced the resident numbers living in this unit at the time of this inspection. This was a positive development and it was seen on the current inspection that the provider was continuing to review the resident mix in this unit to ensure that all needs could be met. Residents' needs were outlined in their individual personal plans, a sample of which were reviewed by inspectors. It was seen that these plans contained good guidance on how to support residents and were regularly reviewed. However, it was noted that some assessments of needs which informed these plans were over 12 months old while the maintenance of personal plans varied across the centre.

Staff and volunteers spoken with during this inspection demonstrated a good understanding of residents' needs and how to support them. In addition, the members of the workforce met on inspection were able to describe what they would do in the event of any safeguarding concern arising to protect residents and to ensure that such concerns were reported in a timely manner. However, during the inspection, inspectors became aware of two recent incidents where safeguarding concerns had arisen but which had not been reported promptly as required. While the person in charge had taken appropriate action on becoming aware of these incidents, it was of concern that any potential safeguarding concerns were not being reported in a timely manner so as to ensure that appropriate protective measures could be taken to ensure residents' safety.

It was seen though, that the provider had other systems in place to help protect residents' health and safety. There was evidence that risks in the centre were being closely reviewed while fire safety systems including fire alarms, emergency lighting and fire extinguishers were present throughout the centre. These were being serviced at regular intervals to ensure that they were in proper working order. Fire containment measures were also in place but inspectors did observe two fire doors, which help prevent the spread of fire and smoke, that required some maintenance to ensure that they operated as intended. One resident spoken with indicated a good awareness of what to do if the fire alarm went off and it was seen that regular fire drills were taking place. It was noted though, that in one unit, a night-time drill had not been carried out in over a year.

Residents' health needs were provided for and inspectors saw evidence that residents were facilitated to access a range of health and social care professionals such as a general practitioners and a speech and language therapist. Regular monitoring of residents' health needs also took place within the centre while support was given to residents with their medicines, where residents were assessed as requiring support in this area. However, at the previous inspection it had been found that there were occasions where residents had not received their medicines as prescribed. On the current inspection it was seen that more similar instances had since occurred. A sample of medicines documentation was reviewed and, although this contained much of required information, some documentation was seen to messy or missing some details such as indicating whether or not a resident had a

medicine allergy or sensitivity. Some staff members spoken with were also uncertain as to when a particular prescribed rescue medicine was to be given for one resident.

Regulation 17: Premises

While this regulation was not reviewed in full on this inspection, it was seen that the external paintwork of one unit was noticeably faded.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A sample of recently reviewed risk assessments were seen during this inspection. These were noted to describe the risks in question, identify control measures and give a risk rating. Systems were in place for accidents and incidents to be recorded and reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

Fire alarms, fire extinguishers and emergency lighting were present in all units of the centre. Provision had been made for fire containment with fire doors in place but it was seen that two doors required maintenance to ensure that they functioned as intended. Fire drills were being carried out regularly with low evacuation recorded in the sample of drill records seen on this inspection. It was found though that, in one unit, a night-time fire drill had not been carried out for over one year.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medicines practices in this centre needed improvement to ensure that residents received their medicines as prescribed. Some medicines documents reviewed were missing some information or were messy in places. Some staff members spoken with were uncertain as to when a particular prescribed rescue medicine was to be given for one resident.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The resident mix in one unit had changed since the previous inspection which was a positive development. The provider was continuing to review the mix of resident in this centre to ascertain if their needs could be met. All residents had individual personal plans in place. Variance was observed in how such plans were maintained throughout the centre while some assessment of needs had not been reviewed in over 12 months.

Judgment: Substantially compliant

Regulation 6: Health care

Access to various health and social care professionals was facilitated where required. The health needs of residents were monitored regularly. Residents had specific care plans in place relating to identified health needs.

Judgment: Compliant

Regulation 8: Protection

Two potential safeguarding concerns had not been reported in a timely manner to ensure that appropriate protective measures could be put in place and investigations carried out.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were generally seen to be treated in a respectful way during this inspection but it was observed that a member of staff entered one unit without knocking or ringing the doorbell first.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Camphill Community Duffcarrig OSV-0003610

Inspection ID: MON-0028233

Date of inspection: 19/02/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will implement a new rostering template system that allows for a balance of skill mix, Social Care Worker and Healthcare assistants. The new rostering template will highlight staff full name, grade and staffing hours, this will reflect a two-week period, identifying staff on days, nights and annual leave. This process has been implemented and is currently being used as of 20/03/2020 and is due for review on the 20/04/2020 The PIC shall ensure that all documents have been obtained in respect of staff information and documents specified in schedule 2 in the following manner, an audit to be completed not later than 20/04/2020. All outstanding documents to be obtained by and or accounted for not later than 31/04/2020.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC shall ensure that staff are appropriately supervised in the following manner. A supervision schedule for 2020 will be completed by each House Coordinator outlining dates for supervision for each of their respective staff members, a supervision audit will be conducted by 03/04/2020 and each staff member not having received recent supervision will have done so by 31/4/2020. The schedules will be shared via "share point" providing overview for the PIC. A component of supervision will be to examine training needs and continued professional development. A training schedule has been	

developed which the PIC has oversight of, and this will be used to plan, and coordinate training and supervision combined. Training is an on-going process within the center and is audited every month. The PIC shall complete supervision to each of the House Coordinators which will also be captured in the supervision audit.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider has in place a National Team providing governance and management oversight, a Head of Service, National HR Manager, Clinical Lead, and Regional Manager all providing support to the center. A Principal Social Worker with responsibility for Safeguarding Lead has oversight of all safeguarding issues nationally supported by a Regional Safeguarding Lead who works directly with Duffcarrig Community.
A registered nurse will be assigned to the center and will meet and address the health needs and inquiries from staff relating to residents, the assigned nurse will be in situ by the 24/03/2020 and will implement training and address health related issues of residents and deal with health related concerns raised by staff.

The Provider has developed and recruited a new role of Quality and Safety Lead, this person reports directly to the Person in charge. The role and function of the Quality and Safety Lead is to monitor, review and implement a quality framework system within the center which will focus on care and supports needs of residents. This role was filled within the center on 02/2020.

The provider has initiated the employee forum providing the opportunity for staff to raise concerns in respect of the center. This forum is supported by the National HR manager. Within the center all staff have been made aware of and have been provided with visual aides supporting and advising on how to make a complaint or raise a concern.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Provider is currently reviewing the Maintenance process within the center. The maintenance of the center will be centralized thus providing for an efficient service, focused on a priority-based approach to addressing outstanding maintenance requests. A Housing Officer is part of the National Team. The maintenance dept will report directly to this person and the housing officer will in turn support the PIC. All reporting of

maintenance issues and queries will be reported into the housing officer who will assign maintenance requests based on priority. A maintenance audit will be conducted by the PIC before the 30/04/2020 and the findings of which will be reported to the housing officer for attention and assignment.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider has in place arrangements with external agencies to provide fire equipment and servicing, servicing takes place once a year or as required. The Provider engages the service of an external trainer providing fire training for staff and new staff into the center. Each house will take part in a night-time fire evacuation drill and this will be completed by 25/5/20.
The PIC of the center will engage and have the local fire service conduct a risk visit in the center seeking support and guidance on best practice of fire evacuations, this will be completed by 25/05/20

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The person in charge shall ensure that the designated center has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident, in the following manner. New medication folders have been introduced to each of the respective units within the center and training of staff on the use of these new folder systems will have been completed by 10/03/2020.
All folders are consistent ensuring same working practices across each of the respective units. An assigned nurse will commence working in the center providing further training and support for staff in administration of medication. A number of training dates for the safe administration of medication and the use of buccal midazolam have been scheduled for the 4/4/2020 and a number of staff have been identified as needing training and or refresher training will be in attendance. A meeting with the Pharmacist was arranged for 13/03/2020 with a view to supporting, training and conducting regular reviews. A systematic approach to supporting the center will be developed with the Pharmacist ensuring support and overview in conjunction with the GP this will be in place by the 31/04/2020 dependent on the current situation of COVID-19.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis, in the following way, an annual review tracker will be developed ensuring that all residents are identified when an annual review is due, this tracker is currently in place as of 01/03/2020. An audit will be conducted on all files belonging to the residents specifically in the context of needs assessment this audit will be completed by 31/04/2020, the findings of the audit will be reviewed, and outstanding issues addressed by 01/09/2020. All personal plans shall be made available in easy read format for all residents no later than 30/05/2020 and copies made available to their representatives.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider has in place a National Safeguarding Lead providing support and guidance on Safeguarding related issues. Within the center there is a Designated Officer with specific responsibility for safeguarding. The DO maintains a Safeguarding Tracker which is reviewed with the PIC and DO on a weekly basis. Within the center a number of safeguarding champions will be identified and trained to support their respective teams and provide information to the residents of the center. The safeguarding champions will be identified and trained by 31/04/2020.
Weekly safeguarding meetings occur between the PIC and Designated Officer.
Safeguarding training, refresher training and training identified for those persons is mandatory and are conducted on a regular basis within the center.
Safeguarding is a standing agenda item on all Team meetings, Care & Welfare meetings and Supervision sessions to ensure the implementation of policy into practice.
Designated Officer for the community has attended train the trainer for the HSE 3.5 hour HSE training so can now deliver Safeguarding Training.
The newly appointed role of Quality & Safety Lead is an off-roster management role that will have oversight of Safeguarding at local level in conjunction with the PIC. The Community will raise awareness and implement same day reporting of all safeguarding concerns through:

-All personnel to complete the HSE 3.5 hrs Safeguarding training programme within 4 weeks of commencement in role
-During Covid-19 Response Plan period, interim safeguarding training programme as set out by the HSE National Safeguarding Office to be completed by all personnel as require training in safeguarding.
- Allocation of a Regional Safeguarding lead to provide support, guidance and oversight to the Q&S Lead and PIC on all safeguarding concerns reported, alleged or suspected, by 30/04/20.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider has sought feedback from residents and families. This feedback will form part of the Annual Review/ quality improvement plan for the center which will be completed by 20/05/20. A number of questionnaires and feedback forms have been returned to the PIC and this information is currently being disseminated.

All residents will be made aware of the complaints process, this will be discussed during residents' meetings and individual key working sessions and will be completed by 30/04/2020. The PIC is currently reviewing induction packs which will introduce residents to new staff, the induction pack will outline for staff, new staff, and visitors to be cognizant that each respective unit is a home and that privacy, dignity and respect should be afforded to all residents within the unit. All residents within the center have their own personal belongings and personal bedrooms with storage. All visitors visiting the respective units within the center will be asked to knock before entering.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/04/2020
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/04/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/04/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	30/04/2020

	kept in a good state of repair externally and internally.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	24/03/2020
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	24/03/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the	Substantially Compliant	Yellow	25/05/2020

	procedure to be followed in the case of fire.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/03/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/04/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that	Substantially Compliant	Yellow	30/05/2020

	arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/04/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/04/2020